

## Letters, Notes, and Answers.

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Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

#### LICE.

S. asks how fast lice reproduce themselves, and therefore how often blankets, etc., should be stoved.

\* \* The best answer that can at present be made to this question is contained in Dr. Shipley's article on lice published in the JOURNAL of September 19th, p. 498. Mr. Warburton summarizes the life-cycle of the insects, as indicated by his experiments, as follows:—Incubation period: Eight days to five weeks. From larva to imago: Eleven days. Non-functional mature condition: Four days. Adult life: Male, three weeks; female, four weeks. These figures are based upon laboratory experiments, and under normal conditions the rate may be accelerated. It is clear, however, that, as in the case of many other insects, temperature plays a large part in the rate of propagation. The development of the eggs may be suspended, though they are not killed, during cold weather; the larvae, which are very ravenous, appear to die in a day and a half unless they can obtain food.

DR. STUART OLIVER (Littleham, Bideford) writes: If the woollen singlet or other garment worn next to the skin be dipped, after washing and wringing, in a 5 per cent. solution of boric acid, again wrung out, and then dried, it will be found no longer to harbour the parasites for a considerable time, nor will the sweat become sour and offensive nearly so soon as it would otherwise. One ounce of the acid in solution should, if economically employed, suffice for a couple of garments, size and material, of course, affecting the amount required. If all socks were similarly treated after washing, I feel confident that the number of men off duty from foot troubles would be largely diminished.

### ANSWERS.

#### "ABDOMINAL PAIN."

S. writes, in reply to "X. Y. Z.," who requested suggestions for an abdominal pain, that it may resemble that of the man who had "a migraine in his belly." If so, his remedy might be tried—namely, pot. brom., sod. salicyl.  $\bar{a}\bar{a}$  gr.xx, taken at the onset, and repeated if required.

#### MUSHROOMS AND URTICARIA.

C. E. L. writes: I was called to an old gentleman who was suffering from eczema of the legs, which were covered with a very irritable eruption; the next day it assumed much the appearance of measles, but there were no conjunctival symptoms. I found he had eaten some mushrooms two days previously. On the third day he complained of some sore throat; the fauces were oedematous, the uvula swollen, and the conjunctivae congested; there was a slight rise of temperature. All these symptoms abated on the fourth day, and as the eruption was fading distinct "fairy rings" showed, and were the last part of the eruption to disappear. The question of diagnosis was important, as there were children in the house; against measles were the age of the patient (79), the lateness of the conjunctival and faucial symptoms, and the "fairy rings."

### LETTERS, NOTES, ETC.

DR. W. M. JACKSON (Las Palmas, Grand Canary) writes: As passenger traffic to the Continent may be interfered with this winter and many of the usual health resorts cut off, it may be of interest to your readers to learn that the route to this island is open and quite safe, and that everything here is as usual. There is plenty of accommodation for invalids both at sea level and higher—12 or 1,400 ft. The winter climate is cool, bracing, and moderately dry.

#### THE HAEMOSTATIC TONSIL GUILLotine.

DR. GRAHAM GRANT (London) writes: In your issue of December 12th, p. 1019, there is an interesting description of a

double-bladed tonsil guillotine, which is designed for the purpose of checking haemorrhage. Now my tonsil guillotine has not been sharpened for years, and I do not intend to have it sharpened as long as it will do its work. The reason is not far to seek: we have had no cases of troublesome bleeding since it has been blunt.

#### A PLEA FOR SUPERSTITIONS.

DR. J. C. MCWALTER (Dublin) writes: We are all enchanted with Sir F. Treves's address on "Dogmatism in Medicine," but let us be a little merciful, for we also shall be judged by captious critics. Have we not seen, even in our own days, that when a man got a pain in the right side of his belly the surgeons insisted that the cure was to cut out a bit of the gut? And when a piece of gut was cut out of a great prince without fatality, have we not seen honour, title, and wealth poured on the gut-stitcher? Have we not been taught that it is possible to cure cancer of the breast by cutting it off, when we might as well try to cure a cold in the head by cutting off the nose, or erysipelas by cutting out the first purple patch? Our cure for small-pox is to infect every infant with an allied disease, and we boast of curing the plague by catching rat-fleas. We think that tuberculosis is caused by a microbe, and because a like microbe may be found in milk we hope to cure consumption by murdering cows.

#### THE DIAGNOSIS OF DEATH.

DR. JOHN J. HANLEY (Motherwell) writes: The importance of being able to diagnose death *quickly* must be of superlative importance on the battlefield, and indeed sometimes, though rarely, in civil practice. In the *Presse medicale*, Paris, September 16th, No. 67, pp. 621-624, M. d'Hallain states that the simplest and most practical test for continuing vitality is the instillation of ether into *one* eye. If there is life, the eye reddens. The body should be horizontal when applying this test, and only one eye treated; the other eye is for "control." He claims that the test has never failed him, but advises that it must not be relied on in case of negative findings. Some R.A.M.C. men might try this, and I suggest, in addition, a test on the conjunctiva with adrenalin chloride solution (1 in 5,000), which may prove even more reliable than the ether test, for in severe wounds and injuries of the head it would appear to be more applicable, for obvious reasons.

#### BENZOL IN BILHARZIA.

DR. WM. ROBERTSON (Durban) writes: I have recently had under treatment for five or six months a case of bilharzia which did not improve on various remedies, such as sulphur, urotropine, male fern, and methylene blue. After the administration of benzol, the ova began to appear black in colour and much shrunken. At times the slide was covered with these, and contained only one or two of normal appearance. Again, there would be some ova less black alongside of the dense black. After the administration of benzol for about fourteen days, all constitutional symptoms disappeared: renal colic, pain in back, frequent urination, etc. The urine is now normal in colour, more so than he has seen it for seven years. It still throws down a sediment on boiling. There are no tube casts. The drug is comparatively innocuous. I gave it in doses of  $\bar{3}\bar{j}$  every three hours on sugar. I can offer no explanation of the black colour of the ova unless it is to be attributed to the action of benzol. If ova are treated on a slide with benzol, a faint blackness, like that seen on some ova passed in urine, is soon produced. No intestinal symptoms have been complained of. I have examined faeces twice without finding ova, but this, of course, is not a sufficient test. Lately I have combined thymol with the benzol (thymol 2 grains, benzol  $\frac{1}{2}$  drachm) every four hours. The change in the symptoms under the drug has been so rapid and radical that I have ventured to record them thus early.

In a further note, Dr. Robertson, among other observations, remarks that he finds that the very heavy exudate seen on boiling the urine of a fresh case of bilharzia may become a mere haze after brief treatment by thymol and benzol; also that the cystic haemorrhage is unaccompanied by the formation of clots, the urine consequently passing freely. He mentions one case in which the patient, after passing more or less blood for years, passed none whatever for fourteen days when put on thymol-benzol. In another case the patient gained weight rapidly, and improved surprisingly in colour. Treatment by these drugs should be kept up for three or four weeks, and then be intermitted, urinary antiseptics being substituted for a time.

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